1611

Attorney Docket No. 5999-0511PUS3

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

# COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: TETRAZOLE COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR **Insert Title: ANTAGONISTS** the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: as United States Application Number \_\_\_ Fill in Appropriate 08/08/2006 The specification was filed on \_ Information -(if applicable) and/or 08/08/2006 and amended on \_ as PCT International Application Number PCT/US2005/005217; For Use Without 02/17/2005 the specification was filed on \_ Specification (if applicable) and was amended on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the Attached: claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention our invention thereor, or patented or described in any printed publication in any country before my of our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows: except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Priority Claimed Prior Foreign Application(s) Insert Priority Yes (Month/Day/Year Filed) Information (Country) (Number) (if appropriate) (Month/Day/Year Filed) (Country) (Number) (Month/Day/Year Filed) (Country) (Number) (Month/Day/Year Filed) (Country) (Number) I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below. February 18, 2004 60/545,291 Insert Provisional (Filing Date) Application(s): (Application Number) (if any) (Filing Date) (Application Number) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Date of Filing (Month/Day/Year) Application Number Insert Requested Country Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. (Status - patented, pending, abandoned) (Filing Date) Application(s): (Application Number) (if any) (Status - patented, pending, abandoned) (Filing Date) (Application Number)

(Rev. 05/2004)

Page 1 of 3

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FOLLOWING: a	application or any patent issued thereon.		
<b>.</b>		INVENTOR'S SIGNATURE	DATE*
Full Name of First or Sole Inventor: nsert Name of Inventor  →	GIVEN NAME/FAMILY NAME Martin JOHANSSON	I'M AM	CITIZENSHIP
Insert Date This Document is Signed	Residence (City, State & Country)	1	Sweden
Insert Residence	Lund, Sweden MAILING ADDRESS (Complete Street Addr	ress including City, State & Country)	
Insert Post Office Address →	Respiratorius, Magistratsvägen 10, SE-226 43	3 Lund, Sweden	DATE*
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Alexander MINIDIS	INVENTOR'S SIGNATURE	Sept 15 " doog
	Residence (City, State & Country) Södertälje, Sweden		Sweden
	MAILING ADDRESS (Complete Street Add AstraZeneca R&D Södertälje, SE-151 85 Söd	ertaije, Sweden	D A 2017
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Inventor, if any: see above	Karin STAAF	Karin Staut	Scpt 15 th 200
	Residence (City, State & Country) Södertälje, Sweden		Sweden
	MAILING ADDRESS (Complete Street Add AstraZeneca R&D Södertälje, SE-151 85 Söd	iertaije, Sweden	
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME David WENSBO	MVENTOR'S SIGNATURE	DATE* Sep15 2-06
	Residence (City, State & Country) Södertälje, Sweden		Sweden
	MAILING ADDRESS (Complete Street Ad AstraZeneca R&D Södertälje, SE-151 85 Sö	dertaije, Sweden	
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald MCLEOD	INVENTOR'S SIGNATURE	DATE*
see above	Residence (City, State & Country)		CITIZENSHIP US
	MAILING ADDRESS (Complete Street Adc/o NPS Pharmaceuticals, Inc.; 383 Colord	ldress including City, State & Country ow Drive; Salt Lake City, Utah 84108	y) 
Full Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*
see above			CITIZENSHIP
	Residence (City, State & Country) Toronto, CANADA		Canada
	MAILING ADDRESS (Complete Street Acc/o NPS Allelix Corp.; 101 College Street,	ddress including City, State & Countr , 8th Floor; Toronto, Ontario M5G 1L	y) 8; CANADA

\*DATE OF SIGNATURE

(Rev. 05/2004) Page 2 of 3 ADM/clb

_		INVENTOR'S SIGNATURE	D	ATE*	
Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTORS SIGNATORE			
Inventor, if any: see above	Methyin ISAAC		CITIZENSHI	P	
	Residence (City, State & Country)		Ca	nada	
	Toronto, CANADA	ross including City State & Country)			
	MAILING ADDRESS (Complete Street Addr	Electric Toronto Ontario M5G 1L8; C	ANADA		
	c/o NPS Allelix Corp.; 101 College Street, 8th		T	DATE*	
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	1	MIL	
Inventor, if any: see above	Anne O'BRIEN		CITIZENSH	IP	
	Residence (City, State & Country)			anada	
	Toronto, Canada	Country)			
	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)	CANADA		
ļ	c/o NPS Allelix Corp.; 101 College Street, 8t		CANADA	D A TEX	
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above	Abdelmalik SLASSI		CITIZENSH	IIP	
	Residence (City, State & Country)			anada	
	Toronto, Canada			ailaua	
	MAILING ADDRESS (Complete Street Add	dress including City, State & Country)	CANIADA		
	c/o NPS Allelix Corp.; 101 College Street, 8		CANADA		
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	To a VIN		- Company (C)	IID	
	Residence (City, State & Country)		CITIZENSI		
	Woodbridge, Canada			Canada 	
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA				
Full Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Eleventh Inventor, if any:	1				
see above	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Ac	ldress including City, State & Country	<i>i</i> )		
	, -				
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Full Name of Twelft Inventor, if any:					
see abov	Residence (City, State & Country)		CITIZENS	SHIP	
	MAILING ADDRESS (Complete Street A	ddress including City, State & Countr	y)		
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Full Name of Thirteenth Inventor, if any:	GIVEN NAME/ FAMILE NAME				
see abo	Residence (City, State & Country)		CITIZEN	SHIP	
	Residence (City) State & SS				
	MAILING ADDRESS (Complete Street A	Address including City, State & Count	ry)		
	WAILING ADDICTO (COMPLETE SHOOT)	<b>.</b>			

\*DATE OF SIGNATURE

(Rev. 05/2004) Page 3 of 3 ADM/clb

### BIRCH, STEWART, KOLASCH & BIRCH, LLP

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!	below) or an original, first a claimed and for which a pa	and joint inventor ent is sought on th	(if plural inventors a e invention entitled:	are named :	below) of the subje	ct matter v	vhich is
Insert Title:	TETRAZOLE COMPOUND	S AND THEIR US	E AS METABOTROI	PIC GLUT	AMATE RECEPTOR	R ANTAGO	ONISTS
	the specification of which i docket number as set forth	s attached hereto. above and/or the f	If not attached here ollowing:	eto, the ap	plication is identifie	ed by the a	ittorney
Fill in Appropriate Information –	The specification was filed	on 08/08/2006	as United State	es Applica	ation Number		;
	and amended on08/						
For Use Without	the specification was filed or			nal Applic	ation Number PCT	/US2005/0	05217;
Specification	and was amended on I hereby state that I have		(if applicable)				
	claims, as amended by any ar I acknowledge the duty	mendment referred i	o above				
	Federal Regulations, §1.56.  I do not know and do nour invention thereof, or pathereof or more than one yea of America more than one yean inventor's certificate issue on an application filed by more than one year inventor to this application, and country foreign to the Unite except as follows.  I hereby claim foreign for patent or inventor's certificate having a Prior Foreign Application.	tented or described r prior to this applicar prior to this application on the date of the	in any printed publication, that the same vilication, that the investibility of this application in a sentative or assigns to for patent or inventor prior to this application. Title 35, United Stand have also identications.	ication in a was not in ention has: my country more than r's certifica ation by m tates Code, tified belo	any country before my country before not been patented or foreign to the Unite twelve months (six r tee on this invention he or my legal represe poly (a) (d) of any forw any foreign applicoriority is claimed:	ny or our in in the Unite made the sed States of months for has been file entatives or oreign appli	nvention ed States ubject of America designs) ed in any assigns, ication(s) batent or
Insert Priority	Thor Foreign Application	11(5)				一门	
Information (if appropriate)	(Number)	(Country)		(Month/	Day/Year Filed)	Yes	No
	(Number)	(Country)		(Month/	Day/Year Filed)	Yes	No
	(Number)	(Country)		(Month/	'Day/Year Filed)	Yes	No
	(Number) I hereby claim the benefit ulisted below.		ed States Code, §119				No cations(s)
Insert Provisional		91	(F:1:	D-1-1	February 18, 2004		
Application(s): (if any)	(Application Number)		(Filing	g Date)			
	(Application Number)		(Filing	g Date)			
	All Foreign Applications, i	f any, for any Pate	nt or Inventor's Cert	tificate File	ed More than 12 Mo	onths (6 Me	onths for
Insert Requested Information (if appropriate)	Designs) Prior to the Filing I	Date of This Applica	tion: Application Numb		Date of Filing (M		
Insert Prior U.S.	I hereby claim the benefit including for continuation-ithis application is not discleparagraph of Title 35, Unite patentability as defined in Tof the prior application and	n-part application(s osed in the prior Und States Code, §112 Title 37, Code of Fed	) listed below and, in nited States and/or P 2, I acknowledge the c eral Regulations, §1.56	nsofar as the CT applicated duty to dis 6 which be	he subject matter of e ation in the manner p close information wh ecame available betw	each of the provided by iich is mater	claims of y the first rial to the
Application(s): (if any)	(Application Number)	(F	iling Date)	(S	tatus – patented, per	nding, abar	ndoned)
	(Application Number)	(F	iling Date)	(S	tatus – patented, per	nding, abar	ndoned)

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I hereby appoint the practitioners at **CUSTOMER NO.** 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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<b>+</b>	,,		
Full Name of First or Sole Inventor: Insert Name of Inventor → Insert Date This	GIVEN NAME/FAMILY NAME Martin JOHANSSON	INVENTOR'S SIGNATURE	DATE*
Document is Signed Insert Residence	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
Insert Citizenshin →  Insert Post Office  Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN		
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Alexander MINIDIS	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd		
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Karin STAAF	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söder		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME David WENSBO	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Addres c/o AstraZeneca R&D Södertälje; SE-151 85 Sö		
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald MCLEOD	INVENTOR'S SIGNATURE	D DATE* (274.1, 200
	Residence (City, State & Country) Salt Lake City, Utah		CITIZENSHIP US
	MAILING ADDRESS (Complete Street Addres c/o NPS Pharmaceuticals, Inc.; 383 Colorow D		
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Toronto, CANADA		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Addres c/o NPS Allelix Corp.; 101 College Street, 8th I		CANADA

<sup>\*</sup>DATE OF SIGNATURE

Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Methvin ISAAC				
	Residence (City, State & Country)	·····	CITIZENSHIP		
	Brampton , Canada		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	I		
	c/o NPS Allelix Corp.; 101 College Street, 8th F	loor; Toronto, Ontario M5G 1L8; C	CANADA		
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Anne O'BRIEN				
	Residence (City, State & Country)		CITIZENSHIP		
	Toronto, Canada		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
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Full Name of Ninth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Abdelmalik SLASSI				
	Residence (City, State & Country)		CITIZENSHIP		
	Mississauga, Canada		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o NPS Allelix Corp.; 101 College Street, 8th F		CANADA		
Full Name of Tenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
see above	Tao XIN				
	Residence (City, State & Country)		CITIZENSHIP		
	Woodbridge, Canada		Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Allelix Corp.; 101 College Street, 8th F				
Full Name of Eleventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
see above	Tomislav STEFANAC		CITIZENSHIP		
	Residence (City, State & Country)				
	Burlington, Canada	and the City Control of Control	Canada		
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Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)	1	CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address	a including City State & Country			
	WAILING ADDRESS (Complete Street Address	s including City, State & Country)			
Full Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Thirteenth Inventor, if any:	GIVEN NAME/ PAMILI NAME	INVENTORS SIGNATURE	DATE		
see above	Residence (City, State & Country)		CITIZENSHIP		
	- Indiana (Only) out a country)				
	MAILING ADDRESS (Complete Street Addres	s including City, State & Country)			
		and the country			

<sup>\*</sup>DATE OF SIGNATURE

### BIRCH, STEWART, KOLASCH & BIRCH, LLP

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	below) or an original, first a claimed and for which a pat	ind joint inventor	(if plural inventors	s are named belo	ow) of the subjec	t matter w	hich is
	TETRAZOLE COMPOUND	_			ATE RECEPTOR	ANTAGO	NISTS
	the specification of which i	s attached hereto.	If not attached he following:	ereto, the applica	ition is identified	d by the at	ttorney
Fill in Appropriate Information -	The specification was filed			ates Application	Number		;
Fan I Ian With aut	and amended on08/						
For Use Without Specification	the specification was filed or	02/17/2005	as PCT Internati	ional Applicatior	Number PCT/	US2005/00	)5217 ;
Attached:	and was amended on I hereby state that I hav claims, as amended by any ar I acknowledge the duty Federal Regulations, §1.56. I do not know and do r our invention thereof, or pa	e reviewed and un nendment referred to disclose inform not believe the sam	to above. nation which is mat e was ever known o	erial to patentab	ility as defined ir ited States of Am	n Title 37, (	Code of
	thereof or more than one yea of America more than one yea an inventor's certificate issue on an application filed by m prior to this application, and country foreign to the Unite except as follows. I hereby claim foreign p for patent or inventor's cert inventor's certificate having a	r prior to this appli ar prior to this appli d before the date of e or my legal repri that no application d States of Americ priority benefits un ificate listed below ifiling date before t	cation, that the same oblication, that the in- of this application in esentative or assigns for patent or inventa a prior to this applider Title 35, United and have also ide	e was not in publice wention has not be any country force more than twelstor's certificate on cation by me or States Code, \$119 entified below an	ic use or on sale to een patented or re- eign to the United ve months (six many) this invention hat my legal represer (a)-(d) of any for ty foreign applica- ty is claimed:	n the United made the sure of A states of A months for case been filed nearlives or a special application applicat	d States abject of America designs) d in any assigns, cation(s) atent or
Insert Priority	Prior Foreign Applicatio	n(s)			FI	Torny Cla	Inted
Information (if appropriate)	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No
	(Number)	(Country)		(Month/Day		Yes	No
	I hereby claim the benefit v listed below.	nder Title 35, Unit	ted States Code, §11	19(e) of any Unit	ed States provisio	onal applica	ations(s)
Insert Provisional		91			bruary 18, 2004		
Application(s): (if any)	(Application Number)		(Filir	ng Date)			
	(Application Number)		(Filir	ng Date)			
	All Foreign Applications, it Designs) Prior to the Filing I	any, for any Pate Pate of This Applica	ent or Inventor's Contion:				
Insert Requested Information (if appropriate)	Country	7	Application Nun	nber I	Date of Filing (Mo	onth/Day/	'Year) 
Incort Dring IVS	I hereby claim the benefit including for continuation-ithis application is not discleparagraph of Title 35, Unite patentability as defined in T of the prior application and	n-part application(s osed in the prior U d States Code, §11: itle 37, Code of Fed	s) listed below and, nited States and/or 2, I acknowledge the eral Regulations, §1.	insofar as the su PCT application e duty to disclose .56 which becam	ibject matter of ea in the manner p information whice available betw	ach of the o rovided by ch is materi	claims of the first ial to the
Insert Prior U.S. Application(s): (if any)	(Application Number)	(1	Filing Date)	(Status	- patented, pen	ding, aban	doned)
	(Application Number)	(1	Filing Date)	(Status	- patented, pen	ding, aban	doned)

(Rev. 05/2004)

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

#### CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

full Name of First or Sole Inventor: nsert Name of Inventor  →	GIVEN NAME/FAMILY NAME Martin JOHANSSON	INVENTOR'S SIGNATURE	DATE*
nsert Date This Document is Signed insert Residence	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
nsert Citizenshiv →	MAILING ADDRESS (Complete Street Address:	including City, State & Country)	
nsert Post Office Address →	c/o AstraZeneca R&D Södertälje; SE-151 85 Söde	ertälje; SWEDEN	
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Alexander MINIDIS	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söde		
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Karin STAAF	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME David WENSBO	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd	including City, State & Country) ertälje; SWEDEN	
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald MCLEOD	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Salt Lake City, Utah		CITIZENSHIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc.; 383 Colorow Dr	including City, State & Country) ive; Salt Lake City, Utah 84108	
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE (	Aug 30/06
	Residence (City, State & Country) Toronto, CANADA		CITIZENSHIP <b>U</b> Canada
	MAILING ADDRESS (Complete Street Address c/o NPS Allelix Corp.; 101 College Street, 8th F		CANADA

<sup>\*</sup>DATE OF SIGNATURE

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Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Methvin ISAAC	offsoc	Aug 30/06		
l	Residence (City, State & Country)		CITIZENSHIP		
l	Brampton , Canada		Canada		
l	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o NPS Allelix Corp.; 101 College Street, 8th Flo	oor; Toronto, Ontario M5G 1L8; C	CANADA		
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Anne O'BRIEN	Clane Breen	Chiese,		
	Residence (City, State & Country)	- Ay	CITIZENSHIP		
	Toronto, Canada		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o NPS Allelix Corp.; 101 College Street, 8th Fl	oor; Toronto, Ontario M5G 1L8; C	CANADA		
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Abdelmalik SLASSI	45	- frig & 206		
	Residence (City, State & Country)		CITIZENSHIP		
	Mississauga, Canada		Canada		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o NPS Allelix Corp.; 101 College Street, 8th Fl	loor; Toronto, Ontario M5G 1L8; C	CANADA		
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Tao XIN	160	Arg 30, 2006		
	Residence (City, State & Country)		CITIZENSHIP		
	Woodbridge, Canada		Canada		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA				
Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Tomislav STEFANAC	Somislar Stelan	ve Aug 30,2006		
	Residence (City, State & Country)		CITIZENSHIP		
	Burlington, Canada		Canada		
	MAILING ADDRESS (Complete Street Address				
	c/o NPS Allelix Corp.; 101 College Street, 8th F				
Full Name of Twelfth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above			Company		
	Residence (City, State & Country)		CITIZENSHIP		
			<u></u>		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
		1			
Full Name of Thirteenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Inventor, if any: see above	Residence (City State & Co.		CITIZENSHIP		
	Residence (City, State & Country)		CLIEBUNOI III		
	MAILING ADDRESS (Complete St. 1997)	a including City State of Commit			
	MAILING ADDRESS (Complete Street Address	o meruumg City, State & Country)			
	I				

<sup>\*</sup>DATE OF SIGNATURE